VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

February 10, 2012

Tracy Chellis, Administrator
Bayada Nurses, Inc
110 Kimball Avenue, Suite 250
So Burlington, VT 05403-6925

Provider ID #:477019

Dear Ms. Chellis:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 11, 2012**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure - FEDERAL Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	477019	A. BUILDING ______ B. WING ______	C 01/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYADA NURSES, INC	110 KIMBALL AVENUE, SUITE 250 SO BURLINGTON, VT 05403

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G 000	INITIAL COMMENTS An unannounced Home Health survey for Federal, State Designation and one complaint was conducted by the Division of Licensing & Protection between the dates of January 9 through January 11, 2012. These are the Federal findings:	G 000		
G 123	484.14 ORGANIZATION, SERVICES & ADMINISTRATION Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable. This STANDARD is not met as evidenced by: Based on interview and record review the lines of authority for the delegation of responsibility of the organization were not clearly set forth in writing and readily identifiable. Findings include: 1. Per request for the organizational chart at one of the branch offices, during the initial tour on 01/09/12 at 10:00 AM, the nurse surveyor was told that there had been "some personnel changes" thus the organizational chart contained incorrect information. The organizational chart for the Branch 5 office has incorrect information for the Branch Director, client service manager for the hourly team, client service manger for the visit team and clinical manger for the visit team. The Director and visit team staff are no longer employed with the Agency. In addition, per the 'Client Comment Form' given to newly admitted	G 123	G.123 **Organization, Services and Administration** Division Director to update current chart By 1/30/12. Each branch office will submit staffing changes to Division Director on an as needed basis. Division Director to update master copy and distribute back to the branch offices. Client comment forms will be updated and Distributed to reflect current information by 2/24/12 G123 POC accepted 2/2/12 Simmons RN / [illegible] RN	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Division Director (X6) DATE: 1/30/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PMC

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G 123	Continued From page 1 clients, there is incorrect information regarding who the clients can contact if they have a concern. The Area Director confirmed at 11:15 AM on 01/09/12 that the organizational chart was not clear with personnel readily identifiable.	G 123		
G 144	484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. This STANDARD is not met as evidenced by: Based on record reviews and staff interviews the agency failed to provide for effective reporting and coordination of patient care for 3 Clients (#1, #5 and #2) in the applicable sample. Findings include: 1. Based on record review and staff interview, agency staff failed to document that case conferences had occurred for Client #2. Per record review on 01/10/12 Client #2 had physician orders for home health aide services 2 x week. There were 2 missed visits, on 12/26/11 and 01/06/12. Upon further review there were no case conference notes documenting why these visits were not made. The Regional Clinical Manager called the LNA staff member and was told that one visit was not made because the LNA "was not told" about the visit and that the other visit was missed because the client refused. The Regional Clinical Manager during interview on 01/10/12 at 3:15 PM confirmed that staff did not use the case conference notes to report or	G 144	G144 **Coordination of Patient Services** Continuing education in the use of the new Electronic Medical record with clinicians with a focus on generating notifications to Physicians of any missed visits by 2/10/2012. Education of branch office staff by the Branch Director to offer Private Duty services to clients whenever there is a delay in receiving authorizations from Insurance Companies. By 2/10/21012 Use of paper Coordination of services notes that clearly indicate reasons for open shifts for all long term care clients will be re-implemented. Branch Clinical Managers will conduct 100% chart review to ensure that COS notes are present and remediateas needed. 10% of active charts will be reviewed quarterly by the Client Services Manager to ensure compliance.	

G144 POC accepted 2/2/12 [illegible signature]

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G 144	Continued From page 2 coordinate as would be expected. 2. Per record review on 1/09/2012 agency staff failed to effectively coordinate care for Client # 5. S/he has been receiving agency services since 1998 and can receive up to 20 hours/ week of Choices For Care (CFC) for assistance with Activities of Daily Living (ADLs). LNA services were discontinued on 08/12/2011 for "lack of staff" and weekly hours were filled in by an LPN or RN. The progress notes dated 09/08/2011 indicated care was being coordinated with LNA's, when no LNA's had been providing care since 08/12/2011. The LNA discharge summary is signed and dated by agency staff on 10/07/2011 but not by the client. CFC staff confirm during interview on 01/09/2012 at 3:30 PM that CFC services have not been provided by LNA's since 08/12/2011. 3. Per record review the agency failed to notify the MD of non-provision of services ordered for Client # 1. Per record review on 01/09/2012 at 3:00 PM, Client # 1 was discharged from the hospital on 10/02/2011 with orders for Skilled nursing, physical therapy, occupational therapy (OT) and Aide services (LNA). No OT was provided and there is no indication in the medical record to explain why. During interview on 01/10/2012 at 2:30 PM, the clinical coordinator reported that Client # 1 declined OT services however there is no indication in the medical record that the client had declined OT or that the physician was notified. Further, LNA visits were ordered on 10/02/2011 and were not begun until 10/19/2011, 17 days later, being delayed pending authorization from the client's private insurance company. The physician was not notified that the	G 144		

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G 144	Continued From page 3 client was not receiving services ordered.	G 144		
G 166	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services. This STANDARD is not met as evidenced by: Based on record review and staff interview the agency failed to have verbal orders signed by a registered nurse or qualified therapist responsible for furnishing or supervising these services for 1 client in the applicable sample (Client #5). Findings include: 1. Per record review, the facility failed to have five physician (MD) telephone orders signed by an RN between the dates 10/14/2011 and 12/19/2011. Per record review on 01/09/2012, orders that were taken for Client # 1 on 10/14/2100, 11/04/2011, 11/21/2011, 12/13/2011 and 12/19/2011 were signed by an LPN (Licensed Practical Nurse). There is no documentation/indication in the chart to reflect that these orders were co-signed by an RN. During interview on 01//09/2012 at 3:30 PM the Clinical manager confirmed that RN's do not co-sign verbal orders taken by LPN's.	G 166	G 166 Conformance with Physician Orders All Clinical managers will be re-educated on the COP requirement for RN counter signatures on all orders taken by an LPN. Branch Director to review COP Requirement with Clinical managers by 2/10/12 100% of active client charts to be reviewed By Clinical Managers by 2/20/12. 10% random review of charts by Clinical Managers each quarter to ensure ongoing compliance G166 POC accepted 2/2/12 SEmmonsRN/[illegible]	
G 215	484.36(b)(2)(iii) COMPETENCY EVALUATION & IN-SERVICE TRAI The home health aide must receive at least 12 hours of in-service training during each 12 month	G 215		

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PRINTED: 01/25/2012
FORM APPROVED
OMB NO. 0938-0391

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G 215	Continued From page 4 period. The in-service training may be furnished while the aide is furnishing care to the patient. This STANDARD is not met as evidenced by: Based on record review of in-service training records and staff interview, the agency failed to ensure that 1 of 8 Licensed Nursing Assistants (LNA) received 12 hours of in-service training. Findings include: 1. Per record review on 01/10/12, 1 licensed nursing assistant (LNA) in a branch office did not receive the required 12 hours of annual in-service training for the year 2011. The LNA was hired in 2008 and received 12 hours of in-service training in 2009 and in 2011 received 7 hours of in-service for the year. In addition, in 2010 the LNA received multiple in-services but they were not signed and dated to verify the number of hours nor the dates of the in-service. Per interview on 01/10/12 at 3:15 PM, the Acting Director confirmed that the agency failed to ensure that the LNA received 12 hours of in-service in 2011.	G 215	G.215 **Competency, evaluation and In service Training.** Missing training documentation was located In the Brattleboro branch office. Office Staff education will be provided by the Branch Director as to the process for tracking ,documenting and filing In service trainings. By 2/10/12 All branches will review 100 % of active employee Files to ensure that training hour requirements are met. By 2/15/12 Non compliant employees will be removed from duty until their requirements are met by 2/15/12. Branch offices will run compliance reports and Submit them to the Division Director on a quarterly Basis. Branch Directors to review compliance reports each quarter G215 POC accepted 2/2/12 Simmons RN/ [illegible] RN	
G 236	484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.	G 236		

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G 236	Continued From page 5 This STANDARD is not met as evidenced by: Based on record review and staff interviews the agency failed to have current and /or accurate clinical records for one client in a branch office. Findings include: 1. Per observation on 01/09/12 at 10:00 AM of the Brattleboro Office, there numerous stacks of client's worksheets and progress notes on desks and cabinets. In addition, during review of client's charts, there was missing documentation i.e.; Advanced Directives, missing case conference notes and/or information that was filed in the wrong person's chart. In addition the nurse surveyor was unable to have full access to the electronic records in a timely manner. The Acting Director stated during interview, later that day, that the office recently had some personnel changes and confirmed that the records "were a mess".	G 236	G.236 Clinical records New staff for the Brattleboro Branch office are in the hiring process. Staff from other Branch offices are assisting in re-establishing workflow systems in accordance with Bayada policies. Division Director to lead re-staffing effort and coordination of external support. Advance Directives and/or documentation of efforts to Obtain Advance Directives will be in client charts by 2/25/12. G236 POC accepted 2/2/12 SEmmonsRN/RNetaRN	